

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**Applicant(s): **Robert E. Imhof**

Docket No.

**UEL-36**

Application No.

**10/535,048**

Filing Date

**05/05/2006**

Examiner

**FRANK, RODNEY T.**

Customer No.

**75253**

Group Art Unit

**2856**

Invention:

**METHOD AND EQUIPMENT FOR MEASURING VAPOUR FLUX FROM SURFACES**

I hereby certify that the following correspondence:

**ISSUE FEE TRANSMITTAL***(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

**11/06/2009***(Date)***Gerow D. Brill***(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)***ER 719745243 US***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**



ER 719745243 US

Mailing Label

Label 11-B September 2002



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

## ORIGIN (POSTAL USE ONLY)

PO ZIP	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$	
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee \$	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$	

FROM: (PLEASE PRINT)

PHONE ( )

GEROW D. BRILL  
20 OAKMONT CIRCLE  
NEW FREEDOM, PA 17349

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com



PRESS HARD. You are making 3 copies.

## DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

## CUSTOMER USE ONLY

## PAYMENT BY ACCOUNT

Express Mail Corporate Acct. No.

☐ WAIVER OF SIGNATURE (Domestic Only)

Additional merchandise insurance is void if waiver of signature is requested.

I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

Federal Agency Acct. No. or

Postal Service Acct. No.

## NO DELIVERY

☐ Weekend☐ Holiday

Customer Signature

TO: (PLEASE PRINT)

PHONE ( )

MS ISSUE FEE  
COMMISSIONER FOR PATENTS  
PO BOX 1450  
ALEXANDRIA, VA

2 2 3 1 3 + 1 4 5 0  
ZIP + 4

## RECEIVED IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In regards to Application Number 10/538,048, Docket Number UEL-036-PCT

Part B Issue Fee transmittal PTO-85 (1 Sheet)  
Certificate of Mailing by "Express Mail" (1 Sheet)  
Credit Card Payment Form (1 Sheet)

ER719745243US

November 6, 2009